FOR OHF USE

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0044909

Facility Name: Alden Park Strathmoor

Address: 5668 Strathmoor Drive (Number) Rockford (City) 61107 (Zip Code)

County: Winnebago

Telephone Number: (815) 229-5200 **Fax #** (773) 286-3743

IDPA ID Number: 36-4367439

Date of Initial License for Current Owners: 08/01/00

Type of Ownership:

[ ]	VOLUNTARY,NON-PROFIT	[X]	PROPRIETARY	[ ]	GOVERNMENTAL
[ ]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
IRS Exemption Code		[ ]	Corporation	[ ]	Other
		[X]	"Sub-S" Corp.		
		[ ]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll **Telephone Number:** (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2002 to 12/31/2002 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) Steven M. Kroll

(Title) Chief Financial Officer

Paid Preparer

(Signed) _____ (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	189	Skilled (SNF)	189	68,985	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	189	TOTALS	189	68,985	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	12,208	1,213	2,845	16,266	8
9	SNF/PED					9
10	ICF	25,686	878	60	26,624	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	37,894	2,091	2,905	42,890	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 62.17%

D. How many bed-hold days during this year were paid by Public Aid?
none (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
none

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [x]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [x]

I. On what date did you start providing long term care at this location?
Date started 08/01/00

J. Was the facility purchased or leased after January 1, 1978?
YES [x] Date 08/01/00 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified 39 and days of care provided 2,761

Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: 12/31/02 Fiscal Year: 12/31/02

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Park Strathmoor # 0044909 **Report Period Beginning:** 01/01/2002 **Ending:** 12/31/2002

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	198,258	20,897	6,000	225,155	753	225,908		225,908			1
2	Food Purchase		256,457		256,457	(19,028)	237,429	(23,911)	213,518			2
3	Housekeeping	183,236	40,302		223,538	454	223,992		223,992			3
4	Laundry	62,951	29,569		92,520	410	92,930		92,930			4
5	Heat and Other Utilities			105,863	105,863		105,863	395	106,258			5
6	Maintenance	51,663	151	143,085	194,899	3,793	198,692	9,718	208,410			6
7	Other (specify):*											7
8	**TOTAL General Services**	496,108	347,376	254,948	1,098,432	(13,618)	1,084,814	(13,798)	1,071,016			8
	B. Health Care and Programs											
9	Medical Director			41,750	41,750		41,750		41,750			9
10	Nursing and Medical Records	1,909,172	189,217	4,561	2,102,950	4,246	2,107,196	(74,808)	2,032,388			10
10a	Therapy	64,028			64,028		64,028		64,028			10a
11	Activities	58,143	3,471	3,896	65,510		65,510		65,510			11
12	Social Services	74,408			74,408		74,408		74,408			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,105,751	192,688	50,207	2,348,646	4,246	2,352,892	(74,808)	2,278,084			16
	C. General Administration											
17	Administrative	136,330			136,330		136,330		136,330			17
18	Directors Fees											18
19	Professional Services			468,056	468,056		468,056	(429,789)	38,267			19
20	Dues, Fees, Subscriptions & Promotions			21,019	21,019	(991)	20,028	(11,227)	8,801			20
21	Clerical & General Office Expenses	349,093	17,205	16,130	382,428	886	383,314	58,830	442,144			21
22	Employee Benefits & Payroll Taxes			391,215	391,215	12,656	403,871	51,161	455,032			22
23	Inservice Training & Education											23
24	Travel and Seminar			20,623	20,623		20,623	9,392	30,015			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			45,550	45,550		45,550	8,923	54,473			26
27	Other (specify):* **bad debt**			199,140	199,140		199,140	(199,140)				27
28	**TOTAL General Administration**	485,423	17,205	1,161,733	1,664,361	12,551	1,676,912	(511,849)	1,165,063			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,087,282	557,269	1,466,888	5,111,439	3,179	5,114,618	(600,455)	4,514,163			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Park Strathmoor #0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation					10,692	10,692	240,757	251,449			30
31	Amortization of Pre-Op. & Org.							1,228	1,228			31
32	Interest			65,948	65,948		65,948	251,340	317,288			32
33	Real Estate Taxes			97,015	97,015	(97,015)		107,544	107,544			33
34	Rent-Facility & Grounds			228,544	228,544	97,015	325,559	(325,065)	494			34
35	Rent-Equipment & Vehicles			9,852	9,852	614	10,466	13,974	24,440			35
36	Other (specify):* Mortg. Insurance			14,485	14,485	(14,485)						36
37	**TOTAL Ownership**			415,844	415,844	(3,179)	412,665	289,778	702,443			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		233,736	407,339	641,075		641,075	(86,578)	554,497			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		460		460		460	(461)	(1)			41
42	Provider Participation Fee			103,478	103,478		103,478		103,478			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		234,196	510,817	745,013		745,013	(87,039)	657,974			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,087,282	791,465	2,393,549	6,272,296		6,272,296	(397,716)	5,874,580			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(16,408)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,013)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(9,123)	32		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(199,140)	27		24
25	Fund Raising, Advertising and Promotional	(6,612)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (232,296)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(124,700)		34
35	Other- Attach Schedule	(40,720)	pg 5a	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (165,420)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (397,716)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Alden Park Strathmoor

ID# 0044909

Report Period Beginning: 01/01/2002

Ending: 12/31/2002

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	BACK OUT: LEGAL FEES COLLECTIONS	$ (1,878)	21	1
2	BACK OUT: HEALTHCARE ASSOC PAC FEES	(1,961)	20	2
3	BACK OUT:CLOTHING /GIFT SHOP ITEMS	(461)	41	3
4	BACK OUT MARKETING CONSULTANT	(2,824)	20	4
5	BACK OUT MARKETING MGT FEE	(144)	20	5
6	BACK OUT UTILITY LATE FEES	(2,295)	5	6
7	Record add'l def maint exp to correct amt.	2,657	6	7
8	Park S. LLC - Interco. Int to AMS	(3,335)	32	8
9	Park S. LLC - Interco. Int to Rockford Inv.	(21,333)	32	9
10	Adj deprec exp to correct amount	1,672	30	10
11	Back out theEpic group marketing from ln 19	(5,860)	19	11
12	back out marketing salary	(4,958)	21	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(40,720)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Park Strathmoor # 0044909 **Report Period Beginning:** 01/01/2002 **Ending:** 12/31/2002

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,013)	0	0	(22,898)	0	0	0	0	0	0	0	(23,911)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,295)	0	2,690	0	0	0	0	0	0	0	0	395	5
6	Maintenance	2,657	0	7,165	0	0	0	(104)	0	0	0	0	9,718	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(651)	0	9,855	(22,898)	0	0	(104)	0	0	0	0	(13,798)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(73,382)	(1,426)	0	0	0	0	0	0	(74,808)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	(73,382)	(1,426)	0	0	0	0	0	0	(74,808)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(5,860)	0	(423,929)	0	0	0	0	0	0	0	0	(429,789)	19
20	Fees, Subscriptions & Promotions	(11,542)	0	315	0	0	0	0	0	0	0	0	(11,227)	20
21	Clerical & General Office Expenses	(6,836)	(675)	19,593	43,124	3,624	0	0	0	0	0	0	58,830	21
22	Employee Benefits & Payroll Taxes	0	0	50,584	0	577	0	0	0	0	0	0	51,161	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	9,392	0	0	0	0	0	0	0	0	9,392	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	8,923	0	0	0	0	0	0	0	0	0	8,923	26
27	Other (specify):*	(199,140)	0	0	0	0	0	0	0	0	0	0	(199,140)	27
28	**TOTAL General Administration**	(223,377)	8,248	(344,045)	43,124	4,201	0	0	0	0	0	0	(511,849)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(224,028)	8,248	(334,190)	(53,156)	2,775	0	(104)	0	0	0	0	(600,455)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Park Strathmoor # 0044909 **Report Period Beginning:** 01/01/2002 **Ending:** 12/31/2002

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	1,672	225,755	12,564	0	766	0	0	0	0	0	0	240,757	30
31	Amortization of Pre-Op. & Org.	0	0	1,176	0	0	52	0	0	0	0	0	1,228	31
32	Interest	(50,199)	263,543	36,672	0	604	720	0	0	0	0	0	251,340	32
33	Real Estate Taxes	0	104,208	3,149	0	187	0	0	0	0	0	0	107,544	33
34	Rent-Facility & Grounds	0	(325,559)	494	0	0	0	0	0	0	0	0	(325,065)	34
35	Rent-Equipment & Vehicles	0	0	13,974	0	0	0	0	0	0	0	0	13,974	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(48,527)	267,947	68,029	0	1,557	772	0	0	0	0	0	289,778	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(10,493)	(22,816)	(53,269)	0	0	0	0	0	(86,578)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(461)	0	0	0	0	0	0	0	0	0	0	(461)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	(461)	0	0	(10,493)	(22,816)	(53,269)	0	0	0	0	0	(87,039)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(273,016)	276,195	(266,161)	(63,649)	(18,484)	(52,497)	(104)	0	0	0	0	(397,716)	45

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
see pg 6k				see pg 6k		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	rental income	$ 325,559	Park Strathmoor, LLC	0.00%	$	$ (325,559)	1
2	V	26	insurance/liab		Park Strathmoor, LLC		1,333	1,333	2
3	V	21	gen'l & admin		Park Strathmoor, LLC		(675)	(675)	3
4	V	33	real estate taxes		Park Strathmoor, LLC		104,208	104,208	4
5	V	26	gen'l insurance		Park Strathmoor, LLC		7,590	7,590	5
6	V	32	interest-mortgage		Park Strathmoor, LLC		167,367	167,367	6
7	V	32	interest-other		Park Strathmoor, LLC		96,176	96,176	7
8	V	30	depreciation		Park Strathmoor, LLC		225,755	225,755	8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 325,559			$ 601,754	$ * 276,195	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	employee benefits	$	Alden Management Services		$ 50,584	$ 50,584	15
16	V	19	profess. Fees	432,578	Alden Management Services		8,649	(423,929)	16
17	V	21	g & a		Alden Management Services		19,593	19,593	17
18	V	5	utilities		Alden Management Services		2,690	2,690	18
19	V	6	maintenance		Alden Management Services		7,165	7,165	19
20	V	24	auto/travel		Alden Management Services		9,392	9,392	20
21	V	20	subscriptions/etc		Alden Management Services		315	315	21
22	V	30	depreciation		Alden Management Services		12,564	12,564	22
23	V	31	amortization		Alden Management Services		1,176	1,176	23
24	V	33	real estate tax		Alden Management Services		3,149	3,149	24
25	V	34	rent		Alden Management Services		494	494	25
26	V	35	rent-equip/vehicles		Alden Management Services		13,974	13,974	26
27	V	32	interest		Alden Management Services		36,672	36,672	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 432,578			$ 166,417	$ * (266,161)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	Tube feedings	$ 82,014	Pyramid Health Care Services	100.00%	$ 59,116	$ (22,898)	15
16	V	10	Nursing supplies	96,752	Pyramid Health Care Services		23,370	(73,382)	16
17	V	39	Per diem/other supplies	25,592	Pyramid Health Care Services		15,099	(10,493)	17
18	V	21	General & admin		Pyramid Health Care Services		43,124	43,124	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 204,358			$ 140,709	$ * (63,649)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	$ 59,873	Forum Extended Care II	100.00%	$ 45,901	$ (13,972)	15
16	V	10	house stock	6,109	Forum Extended Care II		4,683	(1,426)	16
17	V	39	IV	37,898	Forum Extended Care II		29,054	(8,844)	17
18	V	22	Employee benefits		Forum Extended Care II		577	577	18
19	V	21	G & A		Forum Extended Care II		3,624	3,624	19
20	V	32	Interest		Forum Extended Care II		604	604	20
21	V	33	Real estate taxes		Forum Extended Care II		187	187	21
22	V	30	Depreciation		Forum Extended Care II		766	766	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 103,880			$ 85,396	$ * (18,484)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	$ 404,125	Community Physical therapy	100.00%	$ 350,856	$ (53,269)	15
16	V	32	Interest		Community Physical therapy		720	720	16
17	V	31	Amortization		Community Physical therapy		52	52	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 404,125			$ 351,628	$ * (52,497)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	maintenance expense	$ 34,948	Alden Bennett Construction	100.00%	$ 34,844	$ (104)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 34,948			$ 34,844	$ * (104)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	Floyd Schlossberg a.	President	CEO		348,175	1.656	4.14	SALARY	$ 15,037	17-1	1
2	Ami Pissetsky	Financing coordinato	Banking	1.50	194,760	1.656	4.14	SALARY	8,411	17-1	2
3	Bob Molitor	C.O.O.	Operations	1.50	211,030	1.656	4.14	SALARY	9,114	17-1	3
4	Lauren Magnusson b.	Nurse corrdinator	Nursing admin		87,915	1.656	4.14	SALARY	3,797	17-1	4
5	Terry Magnusson c.	Maint. Supervisor	Constr/maint		82,263	1.656	4.14	SALARY	3,553	17-1	5
6	Steven Kroll	C.F.O.	Finance	1.50	217,690	1.656	4.14	SALARY	9,402	17-1	6
7	Joan Carl	Secretary	Vice-President		211,940	1.656	4.14	SALARY	9,153	17-1	7
8											8
9	a. Floyd is the President and sole stockholder of Alden Management Services, Inc.										9
10	b. Lauren is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator										10
11	c. Terry is the son-in-law of Floydd Schlossberg. Terry is in maintenance and construction.										11
12											12
13								TOTAL	$ 58,467		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 2/31/2002

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Alden Management Services, Inc.
Street Address: 4200 W. Peterson Ave.
City / State / Zip Code: Chicago, IL 60646
Phone Number: (773) 286-3883
Fax Number: (773) 286-3743

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		see page 8A (also on page 6A)				$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	National City Bank		X	First Mortgage	Interest Only	8/01/00	$ 3,480,000	$ 3,480,000		Varies	$ 167,367	1
2	Debes Corporation		X	Second Mortgage	None	8/01/00	1,035,745	1,000,639		6.4900	71,508	2
3	National City Bank		X	Working Capital - LOC	Interest Only	8/01/00		796,330		Varies	40,452	3
4												4
5												5
	Working Capital											
6	Related party - AMS	X		working capital							36,672	6
7	Related party - FECII	X		working capital							604	7
8	Related party - CPT	X		working capital							720	8
9	TOTAL Facility Related						$ 4,515,745	$ 5,276,969			$ 317,324	9
	B. Non-Facility Related*											
10	offset interest expense with interest income on Corp										(36)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (36)	14
15	TOTALS (line 9+line14)						$ 4,515,745	$ 5,276,969			$ 317,288	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ _____ Line # _____

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2001 report.	*Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$ 94,152	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ 97,015	2
3. Under or (over) accrual (line 2 minus line 1).		$ 2,863	3
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 101,345	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 104,208	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
1997		8
1998		9
1999		10
2000	92,548	11
2001	97,015	12

Accrual based on 4% increase over prior year bill.

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2001	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Park Strathmoor COUNTY Winnebago

FACILITY IDPH LICENSE NUMBER 0044909

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-3743

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2001.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	12-21-452-007	Nursing home facility	$ 97,015.30	$ 97,015.30
2.		Related Party - Alden Management	$ 76,052.00	$ 3,149.00
3.		Related Party - Forum	$ 8,608.00	$ 187.00
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 181,675.30	$ 100,351.30

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: _____ B. General Construction Type: Exterior _____ Frame _____ Number of Stories _____

C. Does the Operating Entity? ☐ (a) Own the Facility ☐ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☐ (a) Own the Equipment ☐ (b) Rent equipment from a Related Organization. ☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☐ NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$	1
2					2
3	TOTALS			$	3

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	Related party-Forum			1978	$ 18,359	$		$	$	$ 18,359	4
5											5
6	189		2000		3,604,967	114,443		114,443		276,572	6
7											7
8											8
	Improvement Type**										
9	Alden Design-laundry room remodeling			2000	3,922	392	10	392		915	9
10	Alden Design-laundry room remodeling			2000	2,098	210	10	210		490	10
11	Alden Design-laundry room remodeling			2000	4,533	453	10	453		1,020	11
12	ABC - misc const. Work			2000	1,561	312	5	312		677	12
13	Pro Com Systems - add new keypass to alarm system			2000	1,754	351	5	351		731	13
14	ABC - misc const. Work			2001	10,528	526	20	526		614	14
15	ABC - misc const. Work			2001	38,850	1,943	20	1,943		2,266	15
16	ABC - misc const. Work			2001	19,073		20			159	16
17	Rockford stem B			2001	5,035	336	15	336		559	17
18	FE Moran - Repair and Upgrade fire alarm system			2002	7,645	340	15	340		340	18
19	Patten - Repair Water System			2002	2,245	125	15	125		125	19
20	Capps - Repair water sys in Kitchen			2002	2,845	47	15	47		47	20
21	ABC - Repair Water heater			2002	7,113	356	15	356		356	21
22	ABC -			2002	4,256	24	15	24		24	22
23	ABC			2002	(19,073)	(159)	20	(159)		(159)	23
24	ABC (misc construction work)			2002	4,233	35	10	35		35	24
25	ABC - Carpet			2002	1,078	81	10	81		81	25
26	ABC - Chimney			2002	758	9	20	9		9	26
27	ABC - Chimney 2			2002	3,032	38	20	38		38	27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 3,724,811	$ 119,862		$ 119,862	$	$ 303,258	1
2									2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	19,335		20			19,334	4
5	Leasehold Improvement-Remodeling	1980	1,208		10			1,208	5
6	Leasehold Improvement-Remodeling	1986	645		5			645	6
7	Leasehold Improvement-Remodeling	1990	404		5			404	7
8	Leasehold Improvement-Remodeling	1991	94		5			94	8
9	Leasehold Improvement-Remodeling	1993	8,304	830	10	830		8,304	9
10	Leasehold Improvement-Remodeling	1993	6,504	469	9.7	469		6,504	10
11	Leasehold Improvement-sign	1994	261	22	12	22		174	11
12	Leasehold Improvement-dryvit	1995	443	44	10	44		310	12
13	Leasehold Improvement-new ac	1999	723	48	15	48		145	13
14	Leasehold Improvement-roof	1985	972	52	19	52		922	14
15	Leasehold Improvement-roof	1994	863	58	15	58		518	15
16	Leasehold Improvement-roof	1997	819	55	15	55		328	16
17	Leasehold Improvement-roof	1998	1,390	93	15	93		464	17
18	Leasehold Improvement-parking lot asphalt	2000	111	11	10	11		33	18
19	Leasehold Improvement-hallway lighting	2001	155	16	10	16		32	19
20	Leasehold Improvement-DAI	2001	195	19	10	19		38	20
21	Leasehold Improvement-bathrooms	2002	687	69	10	69		69	21
22	Leasehold Improvement-Remodeling	2002	98	20	5	20		20	22
23	Related Party-AMS:								23
24	Leasehold Improvement-Remodeling	1993	4,266		7			4,266	24
25	Leasehold Improvement-Remodeling	1994	2,112		7			2,112	25
26	Leasehold Improvement-Remodeling	2002	5,221		7				26
27									27
28									28
29									29
30									30
31									31
32	Related Party-Forum Ext. Care	1999	1,764	138	40	138		183	32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,781,385	$ 121,806		$ 121,806	$	$ 349,365	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 660,977	$ 123,397	$ 123,397	$	VARIOUS	$ 309,495	71
72	Current Year Purchases	22,428	1,825	1,825		VARIOUS	1,825	72
73	Fully Depreciated Assets	39,228	629	629		VARIOUS	39,228	73
74								74
75	TOTALS	$ 722,633	$ 125,851	$ 125,851	$		$ 350,548	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	CAR/ENGINE/BUS/VAN	DODGE	98-'02	$ 12,336	$ 3,792	$ 3,792	$	3	$ 9,992	76
77										77
78										78
79										79
80	TOTALS			$ 12,336	$ 3,792	$ 3,792	$		$ 9,992	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 4,516,354	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 251,449	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 251,449	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 709,905	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$ n/a	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$ n/a	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: related party- cost is backed out.
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
   If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
   This amount was calculated by dividing the total amount to be amortized
   by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
    Beginning
    Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2003	$
13.	/2004	$
14.	/2005	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO
16. Rental Amount for movable equipment: $ 10,466 Description: copy machine lease $9852, postage meter $614
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Various	Various	$ 1,164.50	$ 13,974	17
18					18
19					19
20					20
21	TOTAL		$ 1,164.50	$ 13,974	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

   Skilled nurses on site

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39-3	hrs	$		$ 57,979	$		$ 57,979	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			16,951			16,951	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			133,210			133,210	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	see page 16a	# of prescrpts			0	41,697		41,697	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	see page 16a				0	304,660		304,660	13
14	TOTAL			$		$ 208,140	$ 346,357		$ 554,497	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Alden Park Strathmoor # 0044909 **Report Period Beginning:** 01/01/2002 **Ending:** 12/31/2002

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2002 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,487,795	1,487,795	3
4	Supply Inventory (priced at)	1,112	1,112	4
5	Short-Term Investments			5
6	Prepaid Insurance	4,951	4,951	6
7	Other Prepaid Expenses		3,278	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from IDPA	20,059	20,059	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,513,916	$ 1,517,194	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments		42,704	12
13	Land		569,205	13
14	Buildings, at Historical Cost		3,604,967	14
15	Leasehold Improvements, at Historical Cost	114,503	114,503	15
16	Equipment, at Historical Cost	73,513	630,069	16
17	Accumulated Depreciation (book methods)	(30,058)	(575,632)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 157,958	$ 4,385,816	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,671,874	$ 5,903,010	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 522,991	$ 522,991	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	91,142	91,142	28
29	Short-Term Notes Payable	796,330	796,330	29
30	Accrued Salaries Payable	163,168	163,168	30
31	Accrued Taxes Payable (excluding real estate taxes)	17,106	17,106	31
32	Accrued Real Estate Taxes(Sch.IX-B)		101,345	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Due to affiliates	1,532,923	1,594,754	36
37	Due to BCBS & other accred expense	86,338	264,779	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,210,000	$ 3,551,617	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		4,480,639	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 4,480,639	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,210,000	$ 8,032,256	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (1,538,126)	$ (2,129,246)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 1,671,874	$ 5,903,010	48

***(See instructions.)**

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (772,079)	1
2	Restatements (describe):		2
3	**External auditor adjustments made after 2001 cost report**	11,517	3
4	**was filed. These adjustments have no effect on reimbursable**		4
5	**costs (bad debt exp. Medicare revenue).**		5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (760,562)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(777,564)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (777,564)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (1,538,126)	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 4,822,381	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,822,381	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients	269,684	5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 269,684	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	915	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 915	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	36	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 36	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc. Income	1,726	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,726	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,094,742	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,098,432	31
32	Health Care	2,348,646	32
33	General Administration	1,664,361	33
	B. Capital Expense		
34	Ownership	415,844	34
	C. Ancillary Expense		
35	Special Cost Centers	641,535	35
36	Provider Participation Fee	103,478	36
	D. Other Expenses (specify):		
37	Related party salary allocations	(399,990)	37
38	information input to these pages.		38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,872,306	40
41	**Income before Income Taxes (line 30 minus line 40)****	(777,564)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (777,564)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,412	1,442	$ 40,177	$ 27.86	1
2	Assistant Director of Nursing	962	978	31,968	32.69	2
3	Registered Nurses	13,448	13,937	366,689	26.31	3
4	Licensed Practical Nurses	25,884	27,022	549,977	20.35	4
5	Nurse Aides & Orderlies	66,881	69,628	788,214	11.32	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,935	5,410	66,956	12.38	8
9	Activity Director	1,936	2,040	24,647	12.08	9
10	Activity Assistants	4,298	4,384	35,534	8.11	10
11	Social Service Workers	2,624	2,704	35,298	13.05	11
12	Dietician					12
13	Food Service Supervisor	1,819	1,951	26,135	13.40	13
14	Head Cook					14
15	Cook Helpers/Assistants	21,595	22,869	172,122	7.53	15
16	Dishwashers					16
17	Maintenance Workers	1,872	2,080	37,473	18.02	17
18	Housekeepers	20,376	21,471	183,236	8.53	18
19	Laundry	7,935	8,273	62,952	7.61	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative	4,360	4,650	65,524	14.09	22
23	Office Manager					23
24	Clerical	4,229	4,406	42,733	9.70	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,561	2,657	59,321	22.33	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	375	382	2,506	6.56	31
32	Other Health C: Clincal SS	1,095	1,127	25,117	22.29	32
33	Other(specify) Alzheimers	5,547	5,722	70,714	12.36	33
34	TOTAL (lines 1 - 33)	194,144	203,133	$ 2,687,293 *	$ 13.23	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 6,000	1-3	35
36	Medical Director	Monthly	41,750	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	4,536	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	57	3,025	11-3	44
45	Social Service Consultant	16	871	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	73	$ 56,182		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ n/a		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$
Legaspi, B	Administrator	0	28,557
Wagner, T	Administrator	0	43,297
Executive Management	Administrator	0	64,469
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 136,323

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
AMS	Management Fees	$ 432,578
BDO Seidman	Accounting Fees	5,954
Ken Fisch / Greenberg	Legal Fees	13,455
Williams & McCarthy / Other	Consulting Services	2,121
Talx	Workers Comp Consulting	341
The Epic Group Total	Marketing Consultants	5,860
U S Gas & Energy Corp	Utilities	1,701
Easter Holloway / Jackson Lewis	Legal Services	6,046
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 468,056

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 51,915
Unemployment Compensation Insurance	39,795
FICA Taxes	209,456
Employee Health Insurance	42,152
Employee Meals	19,028
Illinois Municipal Retirement Fund (IMRF)*	
Relate party - FECII	577
Union Health & Welfare	23,107
Dental, Pension, Life, Relations, Misc	9,554
Background Ck. & Drug Test	2,107
401k Match, Vaccinations, Other	6,756
Related Party - AMS	50,584
TOTAL (agree to Schedule V, line 22, col.8)	$ 455,032

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Surety Bond Fees, Dues & Subscriptions	1,354
Il Health Care Assoc.	7,132
Related Party - AMS	315
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 8,801

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Gas / Repairs / Misc / Insurance	3,231
overnight lodging/meals for out of area staff	16,297
Related Party - AMS	9,392
Seminar Expense	
LIFSNT Life Services Network	200
Alz. Association / Professional Infusion	500
Tec Ambulance / Other	395
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 30,015

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1	Alden Design	10/00	$ 1,669	3	$	$ 139	$ 556	$ 556	$ 418	$	$	$	$
2	Rockford stemm B	5/01	1,735	3			385	578	578	194			
3	Alden Bennet Const	2/01	7,975	3			2,436	2,658	2,658	223			
4	no 2002 additions												
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 11,379		$	$ 139	$ 3,377	$ 3,792	$ 3,654	$ 417	$	$	$

Facility Name & ID Number Alden Park Strathmoor **#** 0044909 **Report Period Beginning:** 01/01/2002 **Ending:** 12/31/2002

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? yes

(2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. IL Healthcare Assoc. $7132

(3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 10 yrs

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 13,123 Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ 103,478
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ 19,028 Has any meal income been offset against related costs? no Indicate the amount. $ n/a

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? n/a
d. Have vehicle usage logs been maintained? yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? no
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. $ n/a

(17) Has an audit been performed by an independent certified public accounting firm? no
Firm Name: The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? yes

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? yes
Attach invoices and a summary of services for all architect and appraisal fees.